## DOMESTIC NONPROFIT CORPORATION INDEPENDENT LOCAL CHURCH

## **STATE OF MAINE**

## CERTIFICATE OF ORGANIZATION

gama vo.ce	rcc
	Deputy Secretary of State
Δ.	True Copy When Attested By Signature
A	True Copy When Attested by Signature
	<del></del>
	Deputy Secretary of State

Φ**5** 00 Ε31. Ε

Pursuant to 13 MRSA §3021, the undersigned corporation executes and delivers for filing the following Certificate of Organization: **FIRST:** The name of the church is **SECOND:** The corporation is an independent local church located in , Maine. THIRD: The number of trustees is \_\_\_\_\_ and their names are \_\_\_\_\_ Name and signature of the Officers and Trustees **Address** Dated \_\_\_\_\_ (Clerk) (type or print name) (city, state and zip code) Street (Treasurer) (type or print name) (city, state and zip code)

Name and Signature of Officers and Trustees (cont.)	Address	
(Trustee)	Street	
(type or print name)	(city, state and zip code)	
(Trustee)	Street	
(type or print name)	(city, state and zip code)	
(Trustee)	Street	
(type or print name)	(city, state and zip code)	
(Trustee)	Street	
(type or print name)	(city, state and zip code)	
(Trustee)	Street	
(type or print name)	(city, state and zip code)	

Please remit your payment made payable to the Secretary of State.